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Bib Data Sheet

CONFIRMATION NO. 1948

<b>SERIAL NUMBER</b> 10/781,119	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> MED-0010
<b>APPLICANTS</b> J. Daniel Raulerson, Brewton, AL; Earl Voorhees, Warrington, PA; John Stephens, Perkiomenville, PA; <i>Three PA</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/448,206 02/18/2003 and claims benefit of 60/461,364 04/09/2003 <i>yes PA</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>no PA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/14/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>PA</i> Initials		<b>STATE OR COUNTRY</b> AL	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 24 <b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 33941				
<b>TITLE</b> Catheter sheath pinch clamp				
<b>FILING FEE RECEIVED</b> 1144	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	